WISCONSIN EPI EXPRESS MAY 30, 2002

Wisconsin Department of Health & Family Services
Division of Public Health
Bureau of Communicable Diseases

"Surveillance provides information for action." World Health Organization

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: bostrhh@dhfs.state.wi.us

In This Issue:

- 1. Changes in Wisconsin Tuberculosis Laws
- 2. Creutzfeldt-Jakob Disease Surveillance
- 3. Salmonella Cluster in Jefferson County
- 4. Computer-Based, Distance Ed Course on Immigrant Health Issues, Fall 2002
- 5. TB Contact Investigation Guideline Update
- 6. Resumption of Statewide Enhanced Arbovirus Surveillance
- 7. Recent Internet Sites of Interest.

1. Changes in Wisconsin Tuberculosis Laws

Changes to Administrative Rule HFS 145, Subchapter II pertaining to tuberculosis became effective April 1, 2002. The rules for prevention and control of tuberculosis were modified to reflect and implement changes made to ss. 252.07 and 252.10, Wis. Stats., as created or amended in 1999 Wisconsin Act 9. The changes principally serve the following purposes:

- -To specify laboratory procedures for identification of Mycobacterium tuberculosis;
- -To specify how the Department will assist local health departments in administration and enforcement of confinement of patients with tuberculosis (including contacts to infectious tuberculosis):
- -To establish standards for certification of public health dispensaries;
- -To specify services and reimbursement rates for public health dispensaries:
- -To specify record-keeping requirements for public health dispensaries; and
- -To incorporate by reference six national standards into administrative rule.

The changes expanded the sections on public health dispensaries for the diagnosis and treatment of persons with or suspected of having tuberculosis. The expanded sections specify how the Department will certify public health dispensaries and which dispensary services the Department will reimburse. Local health departments and the Department are authorized by s. 252.10 (1), Stats., to establish public health dispensaries and the Department is authorized by s. 252.10 (6) (b), Stats., to reimburse the dispensaries at the medical assistance program rate for services specified in rule.

For more information about the new Administrative Rule, visit the TB Program website at: http://www.dhfs.state.wi.us/dph_bcd/TB

2. Creutzfeldt-Jakob Disease Surveillance

The discovery of chronic wasting disease (CWD) in white-tailed deer in southern Wisconsin has received considerable publicity during the past two months. Chronic wasting disease is a transmissible spongiform encephalopathy that affects deer and elk. It is caused by an abnormal

form of a naturally occurring protein called a prion. There is currently no scientific evidence that CWD can cause humans to become ill.

The analogous transmissible spongiform encephalopathy that affects humans is Creutzfeldt-Jakob disease (CJD). With the increasing media attention given to these prion-related encephalopathies, it is important to keep in mind that the "classic" form of CJD occurs at a rate of about one per million in the population of the USA and affects primarily persons over the age of 65. This classic CJD has occurred worldwide for decades.

A distinctly novel type of CJD was first noted in England in the mid-1990s. This new variant form of CJD affects younger patients and can be distinguished from classic CJD by differences in clinical presentation and histopathologic features. The new variant CJD has occurred only in Europe and presumably is contracted by eating beef from cattle that had bovine spongiform encephalopathy (a.k.a. "mad cow disease").

To ensure that new variant CJD is not occurring in the USA, a surveillance for CJD in younger age cohorts has been instituted by the Centers for Disease Control and Prevention. Although not officially notifiable, clinicians are urged to report probable cases of CJD, <u>especially</u> those occurring in persons under 55 years of age. The Wisconsin Division of Public Health can accept reports and provide guidance on sample submission to the National Prion Disease Pathology Surveillance Center at Case Western Reserve University. This Center provides services free-of-charge for physicians working through their state health departments. Reports of possible CJD cases can be phoned into the Wisconsin Division of Public Health at 608/267-7321.

Additional information on CJD and CWD can be found on the websites of the DHFS and DNR. Respectively, these are: http://www.dhfs.state.wi.us/healthtips/BCD/creutzfeldt.htm and http://www.dnr.state.wi.us/org/land/wildlife/whealth/issues/CWD.

3. Salmonella Cluster in Jefferson County

The Jefferson County Health Department in cooperation with the Wisconsin Division of Public Health is investigating an outbreak of Salmonella Hartford originating in Jefferson County. Ten persons have been confirmed with Salmonella Hartford infection and test results on additional cases are pending. Confirmed cases have been identified in people from Jefferson, Dodge and Outagamie Counties who visited the Johnson Creek area and ate at a local restaurant, Fiesta Garibaldi's.

. Dates of exposure of the confirmed cases range between April 20-28. Sanitarians from Jefferson County and the Wisconsin Division of Public Health (WDPH) have been involved in the investigation to help identify the potential source of the exposure. A source of the contamination has not yet been identified.

Persons infected with Salmonella may experience mild to severe diarrhea, abdominal cramps, fever, nausea, vomiting and muscle aches for several days. The symptoms typically begin between occur 18-36 hours after exposure but may range from 12-72 hours. Nationally, there are approximately 60 confirmed cases of Salmonella Hartford annually. Outbreaks of Salmonella Hartford infection have been associated with contaminated beef and other meats, contaminated water and unpasteurized orange juice.

WDPH is encouraging health officials and infection control practitioners to increase their awareness of people who may have became ill with symptoms consistent with Salmonella infection after visiting the Johnson Creek area between April 20-April 28.

4. Computer-Based, Distance Ed Course on Immigrant Health Issues, Fall 2002

The demography of American communities is changing dramatically, but many of our institutions have not kept pace with the needs of immigrants and refugees from Asia, Africa and Latin America. This course on Immigrant Health Issues is designed as an educational program and a support network for health care providers and others interested in becoming more culturally competent.

The course can be taken for 4 graduate credits or non-credit (60 CMEs or Nursing CEUs) from your home or office computer from anywhere in the U.S. It is offered by the Humphrey Institute of Public Affairs and the School of Public Health at the University of Minnesota. Interested individuals can register now, or anytime before August 25 for the fall semester. The course runs September 3 through December 13.

Detailed information on the content, cost and how to register is on the program web site at http://www.tc.umn.edu/~fenne007/ or email: kfennelly@hhh.umn.edu.

5. TB Contact Investigation Guideline Update

Recent changes in HFS 145 give local health officers the authority to "order an examination" for a person exposed to infectious tuberculosis. A sample "contact examination order" has been added as a supplement to the end of the contact investigation guideline. The most current version of the guideline is available for download (either Word or PDF) on the TB Program website http://www.dhfs.state.wi.us/dph_bcd/TB/Resources/guidelines/guideline.htm

6. Resumption of Statewide Enhanced Arbovirus Surveillance

The Wisconsin Division of Public Health and its surveillance partners resumed statewide surveillance for arboviruses on May 1, 2002. There are four components to enhanced arbovirus surveillance this year:

- Screening human patients with a clinical diagnosis of viral encephalitis, aseptic meningitis, meningoencephalitis, and Guillain-Barré with a clinical onset date between May 1 and November 15, 2002, for four arboviruses. The four arboviruses are West Nile virus, eastern equine encephalitis, western equine encephalitis, and St. Louis encephalitis.
- 2) Reporting sick/dead crows, blue jays and ravens, and testing selected birds for West Nile virus from May through mid-November, 2002.
- 3) Reporting cases of equine encephalitis to the Department of Agriculture, Trade and Consumer Protection and testing suspect horses for one or more arboviruses.
- 4) Trapping, identifying, and testing mosquitoes for arboviruses in urban areas of southeastern Wisconsin in cooperation with local health departments.

Additional detail on enhanced arbovirus surveillance is available on the HAN under Recent News in the Communicable Section. For more information on West Nile virus, visit the DHFS website at http://www.dhfs.state.wi.us/dph_bcd/westnilevirus/. If you have additional questions or comments, please contact Linda Glaser, DVM, at the Bureau of Communicable Diseases (Ph: 608/266-0392 or email address: glaselc@dhfs.state.wi.us).

7. Recent Internet Sites of Interest.

The following websites may be of interest to readers of the Epi Express:

- A). Centers for Disease control and Prevention (CDC). <u>Campaign to Prevent Antimicrobial Resistance in Health Care Settings</u>. http://www.cdc.gov/drugresistance/healthcare/default.htm. There are a number of tools available to clinicians through this website, including 12-step fact sheets, pocket cards, posters and slide sets.
- B). Infectious Disease Society of America (IDSA). <u>Bioterrorism Information and Resources</u>. <u>http://www.idsociety.org/bt/toc.htm</u>. This site is still in development, but looks like it will be very complete and comprehensive when finished. It already includes links to slide sets and other teaching tools, which look like they will be useful in professional, and community education/information activities.

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